

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

409 OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS

EFFECTIVE DATE: **Month XX, 2024**
REFERENCES: ACOM 409

PURPOSE

The purpose of this policy is to set forth guidance for the Division of Developmental Disabilities (Division) in establishing and maintaining an Office of Individual and Family Affairs (OIFA) to support and fulfill the AHCCCS OIFA mission and strategic plan, and work in collaboration with the statewide OIFA Alliance initiatives through promoting recovery, resiliency, empowerment, and wellness.

DEFINITIONS

1. “Credentialed Family Support Partner” or “CFSP” means an individual who is qualified under AMPM 964 and has passed an AHCCCS/DCAIR, OIFA approved CPPFSP Training Program to deliver Credentialed Family Support Services.
2. “Family Member” means:
 - a. For the adult system, an individual who has lived experience as a primary natural support for an adult with

emotional, behavioral health and/or Substance Use Disorders (SUD); and

- b. For the children's system, a parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health or a SUD.

3. "Family-Run Organization" or "FRO" means an organization that is:

- a. Independent and autonomous - Governed by a board of directors of which 51% or more are Family Members who:
 - i. Have or had primary responsibility for the raising of a child, youth, adolescent or young adult with an emotional, behavioral, mental health or substance use need;
 - ii. Have lived experience as a primary natural support for an adult with emotional, behavioral, mental health or substance use need; or

- iii. An adult who had lived experience of being a child with emotional, behavioral, mental health or substance use needs.
 - b. Employs CFSP providers whose primary responsibility is to provide parent/family support.
- 4. “Family Support Service” means home care training with Family Member(s) directed toward restoration, enhancement, or maintenance of the Family functions to increase the Family’s ability to effectively interact and care for the individual in the home and community.
- 5. “Member Advocacy Council” or “MAC” means a council which provides opportunities for Members and Family Members served by an AHCCCS health plan and other stakeholders to participate in driving positive change. MAC committee members reflect the population and communities served by an AHCCCS health plan. Committee members gather and discuss issues and barriers, identify challenges, problem solve, share information, and strategize ways to strengthen service delivery.

6. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
7. "Office of Individual and Family Affairs Alliance" or "OIFA Alliance" means a collaborative of all OIFAs in Arizona, including AHCCCS OIFA.
8. "Peer" means an individual with lived experience of mental health conditions, substance use, and/or other traumas resulting in emotional distress and significant life disruption, for which they have sought help or care, and has an experience of recovery to share.
9. "Peer and Recovery Support Specialist" or "PRSS" means an individual trained, Credentialed, and qualified to provide Peer/recovery support services within the AHCCCS programs.
10. "Peer Support" means supports intended for enrolled Members or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups.

11. “Peer Support Employment Training Program” or “PSETP” means a training program that is in compliance with requirements in this policy through which qualified individuals are Credentialed as PRSS by completing training and passing a competency exam.
12. “Peer-Run Organization” or “PRO” means Peer-Operated Services that are:
 - a. Independent - Owned, administratively controlled, and managed by Peers.
 - b. Autonomous - All decisions are made by the program.
 - c. Accountable - Responsibility for decisions rests with the program.
 - d. Peer – controlled - Governance board is at least 51% Peers.
13. “Whole-Person Care” means a health care delivery system that addresses the full spectrum of an individual’s needs-medical, behavioral, socioeconomic, and beyond to encourage better health outcomes.
14. “Workforce Development Operation” or “WFDO” means the

personnel or organizational unit designated by the AdSS to be responsible for performing the duties required by Workforce Development (WFD) Program.

POLICY

A. AdSS RESPONSIBILITIES

1. The AdSS shall establish and maintain an OIFA department to enhance and ensure the voices of those with lived experience are promoted, heard, and considered in policy planning and practice development.
2. The AdSS shall name an OIFA Administrator to lead the AdSS's OIFA department.
3. The AdSS shall ensure:
 - a. The OIFA Administrator is located in Arizona and:
 - i. Has lived experience receiving behavioral health services;
 - ii. Has lived experience as a Family Member who is a primary caregiver; or

- iii. Natural support and experienced in navigating a public behavioral health system; and
- b. The OIFA Administrator takes an overarching approach to incorporate the perspective of lived experience with behavioral health challenges in all programs, policies, and procedures.

B. OIFA ADMINISTRATOR RESPONSIBILITIES

- 1. The OIFA Administrator, and staff under this position, shall:
 - a. Provide education on the vision for the AdSS's OIFA ensuring its mission is integrated into the programs, policies, and practices of the AdSS;
 - b. Cultivate new relationships and nurture existing relationships to build partnerships with individuals, families, youth, and community members to promote recovery, resiliency, and wellness;
 - c. Assemble and facilitate a MAC;
 - d. Assist and participate in the AdSS's governance committee;

- e. Advocate for service delivery and environments that are supportive, welcoming, person-centered, trauma-informed, and recovery-focused;
- f. Create and submit upon request to the Division an AdSS OIFA strategic plan that is in alignment with the Division OIFA strategic plan as outlined in the AHCCCS contract;
- g. Oversee compiling and submission of OIFA deliverables to AHCCCS;
- h. Collect and analyze required and ad hoc data on the provision of Peer Support services and Family Support Services in the AdSS's network as applicable; and
- i. Have access to utilization reports to ensure the availability and oversee the provision of Peer Support and Family Support Services by:
 - i. Identifying gaps in the network and barriers to care for Members accessing Peer Support services and Family Support Services;

- ii. Assessing needs for expansion of Peer Support services and Family Support Services into other areas;
- iii. Collaborating with the AdSS's WFDO to identify potential challenges and threats to the viability of the PRSS and CFSP workforce; and
- iv. Elevating any identified concerns to the Division and AHCCCS as appropriate.

C. OIFA ALLIANCE INVOLVEMENT

- 1. The AdSS's OIFA shall participate in all OIFA Alliance initiated activities, to include:
 - a. Improving and expanding oversight of the training and credentialing of PRSSs and CFSPs by:
 - i. Establishing rapport with recognized PSETP(s) and CFSP training programs;
 - ii. Adhering to shared criteria, processes, and procedures for selection and recognition of new PSETPs, and CFSP training programs; and

- iii. Reviewing curricula and monitoring activities of recognized PSETPS and CFSP training programs to ensure quality and availability of training programs for the credentialed Peer Support and credentialed family support workforce, by:
 - 1) Requesting and receiving copies of AMPM Policy 963, Attachment C and AMPM Policy 964, Attachment B from recognized PSETPs CFSP training programs upon completion of every class; and
 - 2) Tracking employment placement for graduates of PSETPs and CFSP training programs;
 - b. Guiding the development, implementation, and monitoring of PROs and FROs; and
 - c. Other statewide initiatives undertaken by the OIFA Alliance.
2. The AdSS's OIFA shall direct correspondence:
- a. To the OIFA Alliance at OIFAAlliance@azahcccs.gov; or

- b. From the OIFA Alliance to stakeholders.

D. PEER AND FAMILY MEMBER INVOLVEMENT

1. The AdSS's OIFA Administrator shall ensure implementation of strategies designed to ensure the input and perspectives of Peers and families are sought out, listened to, and acted upon.
2. The AdSS's OIFA Administrator shall measure the outcomes of Peer and Family Member engagement initiatives, including:
 - a. Embedding the following principles of Peer and family involvement in the design, and implementation of an integrated health care service delivery system:
 - i. Sharing the same mission to place the Member's whole health needs above all else;
 - ii. Embedding Member and family voice at all levels of the service delivery system;
 - iii. Ensuring Members and Family Members have access to Peer Support and Family Support Services delivered by individuals with lived experience as

specified in AMPM Policy 963 and AMPM Policy 964;
and

- iv. Maximizing the use of PROs and FROs.
 - b. Ensuring meaningful Peer and Family Member participation on all AdSS committees, except for those pertaining to issues of Member or provider confidentiality; and
 - c. Every effort is being made to ensure the composition of the committees is diverse and representative of the AdSS's current membership throughout the region with respect to the Members' race, ethnic background, primary language, age, and Medicaid eligibility.
3. The AdSS's OIFA Administrator shall ensure the AdSS's OIFA holds or attends meetings with a broad spectrum of Peers, Family Members, and providers including PROs and FROs, advocacy organizations, or any other person(s) having an interest in participating in improving the system, at least every six months for the purpose of:
- a. Gathering input;

- b. Identifying challenges and barriers;
 - c. Sharing information; and
 - d. Strategizing ways to improve or strengthen the service delivery system.
4. The AdSS shall invite both the Division's OIFA and AHCCCS/OIFA to participate in meetings held or attended by the AdSS.
5. The AdSS shall identify and create other opportunities for Member and Family Member participation including boards, workgroups and recurring or ad hoc meetings to ensure representation of the Peer and family perspective in programs and services.
6. The AdSS shall communicate and collaborate with Members and families to identify concerns and remove barriers impacting service delivery or Member satisfaction by:
 - a. Tracking and trending issues, barriers, suggestions, concerns; and

- b. Reporting back to the Members and families who provided feedback which led to changes made, as a result of their participation.

E. PEER SUPPORT SERVICES AND FAMILY SUPPORT SERVICES

1. The AdSS's OIFA department shall have oversight of the provision of Peer Support services and Family Support Services within their contracted GSAs.
2. The AdSS's OIFA shall work with the AdSS's network management, quality management, WFDO, and cultural competency departments to ensure:
 - a. A PRSS delivering Peer Support services fulfills all requirements in AMPM Policy 963;
 - b. A CFSP Family Support Services fulfill all requirements in AMPM Policy 964; and
 - c. Peer Support services and Family Support Services meet the needs of the diverse populations served by the AdSS, including but not limited to specialized programs for ALTCS DDD and ALTCS E/PD Members.

3. The AdSS's OIFA Administrator shall have access to utilization reports and other necessary means to monitor, track, and trend network sufficiency for Peer Support services and Family Support Services.

F. PEER-RUN ORGANIZATIONS AND FAMILY-RUN ORGANIZATIONS

1. The AdSS shall contract with PROs and FROs, as specified in Contract.
2. The AdSS shall require providers to be educated on the role of the PROs and FROs and inform Members on the availability of Peer Support and Family Support Services within the PROs and FROs.
3. The AdSS shall ensure Members have access to services available at the PROs and FROs to assist with understanding how to effectively utilize the service delivery system to access covered benefits.
4. The AdSS shall submit a request to contract with an organization that is not currently recognized but is believed to meet criteria

as outlined as a PRO or FRO by the AHCCCS/Division of Community Advocacy and Intergovernmental Relations (DCAIR), OIFA, as specified in Contract.

SUPPLEMENTAL INFORMATION

1. In recognition of the interconnected relationships providers have with multiple health plans, the OIFA Alliance was created to reduce duplication and streamline communication between providers, health plans, and AHCCCS.
2. The OIFA Alliance comprises all the Offices of Individual and Family Affairs (OIFA) in Arizona, including AHCCCS OIFA. When all Contractor OIFAs participate with AHCCCS OIFA in shared initiatives and projects, these efforts fall under the purview of the OIFA Alliance as a whole.
3. Peer and Family Member involvement is a dynamic set of activities and requires the Contractor, and individuals and families served by the Contractor, to be open to creating trusting relationships based on shared goals. Providing opportunities for meaningful partnerships with individuals and families requires a commitment from the AdSS.

4. The AHCCCS/DCAIR, OIFA will review submissions for recognition of any PROs or FROs by the AdSS and determine if the provider meets the definition and criteria as defined in the Contract and Policy Dictionary and SAMHSA.gov.

Draft Policy for Public Comment